OYEN WIGGS GREEN & MUTALALLP

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Gerald O. S. Oyen\*
Bruce M. Green \*
David J. McGruder \*
Gavin N. Manning \*
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Blake R. Wiggs \*
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Thomas W. Bailey \*
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Craig A. Ash
Todd A. Rattray
David H. Takagawa

Law Corporation

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480—The Station, 601 West Cordova Street Vancouver, British Columbia, Canada V6B 1G1 Tel: 604.669.3432 Fax: 604.681.4081 www.patentable.com mail@patentable.com

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I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on 12 January 2006.

anst.

Amy Truscott - Assistant to Gavin N. Manning

A363 0016 GNM/at

By fax no. 571-273-8300

#### **FAX TRANSMITTAL**

This is page 1 of 22 pages

To:

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

From:

Gavin N. Manning

Re:

Inventor(s):

MACKIEWICH, Blair; WEN, Yuming; COOPER, Greg

Title:

METHOD AND APPARATUS FOR CHECKING CONTINUITY

OF LEAF-TO-ROOT VLAN CONNECTIONS

Serial No.:

10/026713

Filed:

27 December 2001

Examiner:

DYKE, Kerri M.

Date:

12 January 2006

Art Unit:

2667

#### **ENCLOSURES**

TRANSMITTAL LETTER 1 PAGE
AMENDMENT 16 PAGES
PETITION FOR EXTENSION OF TIME (in duplicate) 2 PAGES
FEE TRANSMITTAL (in duplicate) 2 PAGES

In the event of transmission problems, please telephone Amy Truscott at 604-669-3432 extension 9061.

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### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith for filing in regard to the patent application of:

Inventor(s):

MACKIEWICH, Blair; WEN, Yuming; COOPER, Greg METHOD AND APPARATUS FOR CHECKING CONTINUITY OF LEAF-Title:

TO-ROOT VLAN CONNECTIONS

10/026713 Serial No.:

Filed: 27 December 2001

DYKE, Kerri M. Art Unit: 2667 Examiner:

12 January 2006 Date:

Enclosed are:

Amendment; Petition for Extension of Time (in duplicate); and

Fee Transmittal (in duplicate).

The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 02-1037.

Respectfully submitted,

OYÊN WIGGŞ GREEN & MUTALA LLP

By:

Gavin N. Manning Registration No. 36,412

Oyen Wiggs Green & Mutala LLP #480 - The Station 601 West Cordova Street Vancouver, B.C. Canada V6B 1G1

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1995, no persons are required to collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Feas pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/026713 Application Number **EE TRANSMITTA** EIVED Filing Date 27 December 2001 CENTRAL FAX CENTER For FY 2005 MACKIEWICH, Blair T. First Named Inventor Exeminer Name DYKE, Kerri M. Applicant claims small entity status. See 37 CFR 1.27 2 2006 Art Unit 2667 TOTAL AMOUNT OF PAYMENT 400 Attorney Docket No. A363 0016 METHOD OF PAYMENT (check all that apply) Check | Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 02-1037 Deposit Account Name: Oyen Wiggs Green & Mutala For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Eee\_(\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 Provisional 200 100 ٥ O Λ 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) <u>Fee (\$)</u> Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) <u>Multiple Dependent Claims</u> Fee (\$) 40 \_ - 20 or HP = 200 50. Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) \_ - 3 or HP = 200 200 HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

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SUBMITTED BY	. /_/		
Signature		Registration No. (Attorney/Agent) 36,412	Telephone 604-669-3432
Name (Print/Type)	Gavin N. Manning		Date 12 January 2006

listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

Number of each additional 50 or fraction thereof

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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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